2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009735

FILED Apr 23, 2007 Secretary of State

Entity Name: OAK RUN SUBDIVISON PHASE 2 HOMEOWNERS' ASSOCIATION OF ZEPHYRHILLS, INC.

Current Principal Place of Business: New Principal Place of Business:

37352 SR 54 37423 LAUREL HAMMOCK DR ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 335414253

Current Mailing Address: New Mailing Address:

37352 SR 54 POSTAL ZONE BOX 213
ZEPHYRHILLS, FL 33542 7339 GALL BLVD
ZEPHYRHILLS, FL 33541

FEI Number: 03-0604476 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 US

PARADIS, BRENDA L
37422 LAUREL HAMMOCK DR
ZEPHYRHILLS, FL 33541 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRENDA PARADIS 04/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PTD () Delete Title: PRES (X) Change () Addition

Name: BINGHAM, JAMES H Name: SUSSEX, JOENE

Address: 411 COMMERCIAL COURT SUITE E Address: 37423 LAUREL HAMMOCK DR City-St-Zip: VENICE, FL 34292 City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SVD () Delete Title: TREA (X) Change () Addition

 Name:
 RYMAN, KEVIN L
 Name:
 PARADIS, BRENDA L

 Address:
 37352 SR 54
 Address:
 37422 LAUREL HAMMOCK DR

 City-St-Zip:
 ZEPHYRHILLS, FL 33542
 City-St-Zip:
 ZEPHYRHILLS, FL 33541

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad ({\sf X}) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad (\) \ {\sf Change} \ (\) \ {\sf Addition}$

Name:BINGHAM, WILLIAM SName:Address:411 COMMERCIAL COURT SUITE EAddress:City-St-Zip:VENICE, FL 34292City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA PARADIS TREA 04/23/2007